U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

FonOfficial Use Only REC'D	_
JUL 252005	

1. File Number U - 386

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

					Telebranism CO	1/1/2	2004 Through:	12 / 31	2004
3. Name and address of person filing.				4. Name, file number, and address of labor organization.					
Name	RICHARD	P JOI	RDAN		Name	IRON WORKERS	LOCAL NO. 1		
					Labor	Organization File Nu	mber 030-59	2	
P.O. B	οx, Bldg., Room Νο., if any	ſ		**************************************	P.O. B	ox, Building and Roc	om Number, if any		
<b>.</b> .	ganatasiannen-enere konteanen anta sekerrana sakerrana anta sakesta sakesta sakesta sakesta sakesta sakesta s	L		e en					alara menasa kampanan kerandiyan dadi belega paranjaran perjedi kidameli na nezero gaza jeli
Street	Street 1544 EAST 23RD STREET			Street 1544 EAST 23RD STREET					
City	CLEVELAND			City CLEVELAND					
State	Ohio		ZIP Code + 4	44114	State	Ohio		ZIP Code + 4	44114
5. Positi	5. Position in labor organization. APPRENTICE INSTRUCTOR/#17 PRE						ere della rejecte just is mynet ynde deld ûndd megliferia geledd ûn fynol d llicymol y llicymol godynn gener wy		
Ente	er appropriate data below if,	during th				or child directly or inc orth in the instruction		of the following in	terests
A. Held	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.								
	and address of Employer (in	·			1	re of Interest, Transa		esent.	
Name						antain-delencimi de distribute francis (antainique) de la francis de destrumente de comunicació de la destrumente de la francis			
Trade Name, if any:									
11000	. Lange				реглопроненскионе:				
P.O. B	ox, Bldg., Room No., if any	***************************************			7.b. Amo				
Street		***************************************	***************************************						
City						g constraint	7.000.000.000 400.000.000000000000000000	to the fall and the fall of th	
Ску						Em-nation on			
State			ZIP Code + 4						
Signature									
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)									
Signe	ed Johand	myc	LU		On	7/8/6ST	216 /	77/ 5	<u>558</u>
Form LM-	-30 (2003)								

Name of Person Filing RICHARD JORDAN	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).  Name IRON WORKERS 17 JOINT APPRENTICESHIP FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1542 EAST 23RD STREET  City CLEVELAND  State Ohio ZIP Code + 4 44114	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer							
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name LOCAL 17 TRAINING PROGRAM TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1542 EAST 23RD STREET	11.a. Nature of such dealing.  INSTRUCTORS TRAINING CONFERENCE HELD AT UNIVERSITY OF SAN DIEGO - JULY 2004							
	11.b. Approximate dollar value of such dealing. \$904							
City CLEVELAND  State Ohio ZIP Code + 4 44114	12.a. Nature of interest held or income received.							
	12 b Amount							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  14.b. Amount of payment.							
13.b. Is the Business an Employer or Consultant ?								